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ORIGINAL ARTICLES.

EUPATORIUM PERFOLIATUM.*

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COMMON NAMES.—Boneset, Ague-weed, Sweating weed, Fever-wort, Indian sage, Thorough-wort, Vegetable antimony.

Preparation.—Tincture of whole plant gathered just as it is coming into bloom.

This plant grows in low, marshy ground, especially over the northern part of the U. S.

The tincture is opaque and of a deep slightly orange brown color, tasting something like ginger.

It was used in domestic practice as early as the beginning of the century just passed; in fact, the use of a hot infusion of the tops and leaves to produce diaphoresis was handed down to the early settlers of this country by the aborigines, who called it by a name that is equivalent to ague-weed.

Its great action is upon the muscular system producing great soreness and aching, and upon the gastro-hepatic system, producing a condition resembling what is known as a bilious state.

It is a curious confirmation of Teste's theory that Eupatorium perfoliatum is found most useful in those fevers and bilious conditions occurring in persons who reside near the habitat of this plant.

The drug was first proven by Drs. W. Williamson and Neidhard in the U. S.

The provings show that it produces upon healthy persons symptoms like the colds from which the old farmers used to suffer. It seemed useful especially through New England, New York, Ohio, the North and Canada.

Physiological Action.—The symptoms shown by those who have partaken of large doses of an infusion of the tops and leaves show that this drug causes at first an irritation of the vasomotor system, followed by a relaxed condition of the capillaries, and an increase of the heart's action, again followed by severe congestion and higher temperature. The symptoms are: Faintness, with loss of consciousness, ending in lethargic sleep; pain, soreness and throbbing in head; soreness of eyeballs, with sharp pains and photophobia; buzzing in the ears; catarrhal influence; face red and sallow and sickly in appearance; tongue white cottony coated; thirst, especially preceding the stage of chill; vomiting, especially as the chill passes off; violent colicky pains in upper abdomen; urine dark colored and scanty, with frequent micturition; oppression of the chest with difficult breathing; stiffness, soreness and deep aching in the extremities, the long bones especially, feel as if pounded or broken; sleepiness, with yawning and stretching, from which the individual awakens with a severe headache; skin bathed in copious sweat.

The soreness and the deep pains of Eupatorium are most general, and the skin feels numb and as if it would cleave from the bones.

Its indications in intermittent fever are as follows:

Type.—Tertian.

Time.—7 a. m., 7 to 9 p. m., or 7 to 9 a . m. one day, and a lighter chill at noon the next day.

Dr. H. C. Allen adds: That it will frequently cure without reference to time, when the totality of symptoms is present.

Prodrome.—Thirst several hours before the chill, with bone pains and pains in back. Great thirst, but drinking causes nausea and vomiting and hastens the chill. Knows chill is coming on, as "cannot drink enough."

Chill.—Great thirst for cold water. Chill, with bone pains, pains in back, gaping, stretching and throbbing headache, bitter vomiting at close of chill. Drinking hastens chill and causes vomiting.

Heat.—With sleep; moaning; increased headache. "A swallow of water will make him shiver."

Sweat.—Bone pains disappear with disappearance of sweat. Light chill and profuse sweat, or shaking chill and light or wasting sweat. Sweat relieves all the pains except the headache.

Apyrexia.—Imperfect; very little remission. Jaundiced hue; great weakness; anæmia.

It has cured in all potencies from the tincture to the cm.

Two symptoms are very characteristic, namely, the soreness of eyeballs and the aching in every bone, but vomiting of bile at close of chill is more characteristic than either of these.

To be emphasized are the dark urine, the yellowish urine, yellowish skin, etc.

*As presented to my classes at Kansas City, Hahnemann Medical College.

The ultimate states to which this remedy may apply include the anæmic gouty and dropsical.

Natrum muriaticum and Sepia especially follow well in intermittents.

Comparisons.—It is most similar to Bryonia, especially in the symptoms of the gastro-hepatic region, and in the aggravation of the pains in the body and extremities. It has less marked perspiration. Pains make patient very restless, while Bryonia keeps quiet in the attempt to avoid pains. And though restless, Eupatorium is not relieved by motion.

Rhus toxicodendron has pains and aching in extremities, but these pains are worse during repose, and they keep the patient restless, constantly changing his position, whereas the Eupatorium pains are not aggravated by repose.

CHARACTERISTIC SYMPTOWS.

1. Soreness of eyeballs, especially during so-called bilious fevers.

2. Coryza, with sneezing; *aching in every bone.*

3. Thirst a long time before the chill, continues during the chill and heat, absent during the sweat.

4. Intense soreness and aching in extremities as if bruised or beaten; wrists pain as if broken or dislocated.

5. Chill begins in small of back and spreads; time of chill 7 to 9 a. m.

6. Before the chill, *pains in all the bones* as if broken.

7. At close of chill nausea and vomiting of bile, aggravated by drinking, or vomiting after drinking.

"THE PROGNOSIS AFTER THE REMEDY."

BY G. E. DIENST, M. D., AURORA, ILL.

IN the practice of medicine we are confronted with the problem of life and health, to maintain the one and prolong the other. In case health is impaired or life threatened by disease, medical doctors resort to some form of drug therapy to heal. Drug therapy has been subjected to marked vicissitudes. That it has healed in many instances is not questioned; that it has failed in many, very many instances is admitted by all. The uncertainty of drug therapy has caused men to differ in every conceivable point of drug—their selection, their preparation, their administration and their prognosis. Why give a drug? I know the answer to this question as given by a great mass of physicians who argue that we give cathartic in constipation, morphia for pain, strychnia for stimulation, etc., etc., but what about causes, immediate and remote? After the cathartic or morphia what then? Is the whole problem one of individual opinion, choice or favorite routine, *or is there a law by which a remedy is selected,* and the *prognosis of which is full of meaning?*

To this question let us direct our thoughts for a few moments. It is understood that this is a homœopathic convention, and the subjects discussed are such as bear on some phase of Homœopathy. The question involved in this paper has to do with prognosis after the remedy is given.

First. Suppose you have given what you had thought to be the indicated remedy, and there follows a prolonged aggravation with final decline of the patient, what is your explanation?

The remedy, the indicated, was too deep in its action, the potency was too high or the repetition of the dose too frequent.

A prolonged aggravation with final decline of the patient indicates deficient power of reaction, or an incurable individual, and such a deep and long acting remedy should not be given in high potency, nor frequently repeated in a low.

Second. Suppose, after the remedy, you have a long aggravation, say, 30, 40 or 60 days, with final but slow improvement, what is your interpretation? Have you been patient enough in your observations, and skillful enough in your prescribing to have seen such phenomena?

The first answer is—the patient was curable, the vital spark was not destroyed but slowly responded to the enkindling influence of the remedy and was soon aflame. The second answer is—the remedy was an exact simile or it could not have caused the primary aggravation and the secondary reaction to health. It teaches also that there were no destructive changes other than those amenable to the remedy.

Third. Suppose the aggravation is quick, short and strong and followed by rapid improvement of the patent, you know then, first of all, that there are no destructive changes in the vital organs. They feel the impulse to health imparted by the remedy and respond to it. The destructive changes which may follow, such as an eruption on the skin, or suppuration of some inferior gland, is superficial or surface. Your patient will speedily recover.

Fourth. Suppose, after the administration of the remedy there is recovery without the aggravation. Then there is no organic disease, the miasm underlying the disease manifestation is not deeply seated, and the response is immediate. It teaches also that the remedy and potency were precisely suited to the patient and his illness and cure is permanent. This is one of the highest orders of cure and requires a master mind to accomplish it.

Fifth. Suppose after the remedy your patient is much better for a few days then lapses into the same routine of symptoms. Two things present themselves for solution, first, either the remedy was but a superficial one and could act but as a palliative only, or secondly, the patient

was incurable and the remedy was suitable to the more superficial elements of the disease—it did not cover the totality of symptoms nor reach the deeper constitutional nature of the disorder. Should this be the case a re-examination of the patient and a more careful study of the case is imperative. In re-examination of the individual notice must be made of external influences which retard or impair the action of a remedy, such as intoxication, handling strong chemicals or inhaling strong odors inimical to the remedy.

Sixth. Suppose the relief of the symptoms after the remedy is too short. A physician must know how long a remedy should act, and if the relief given is too short what is he to think?

1st. In acute conditions he knows at once that the grade of inflammation is very high and that the organs and tissues of the body are rapidly being destroyed by these inflammatory powers.

2d. In chronic cases he knows that the structural changes going on are deep and often insidious, and that the individual is in a precarious condition. These things must be known in order to make an accurate diagnosis as well as a prognosis.

Seventh. Suppose after giving the indicated remedy there is a full time amelioration of the symptoms, yet the patient himself is not relieved. Should this occur by repetition of the remedy you will observe, first of all, the possibility of some latent difficulty which has not been aroused to action and inhibiting reaction; or there may be organic changes, or the removal of some organ through which a cure should be produced but cannot. Such patients can never rise above a certain point, and the work done for them is palliative not curative, for they are incurable.

Eighth. Suppose after the indicated remedy old symptoms disappear and new ones arise in their stead. New symptoms must not be confused with a return of *old* symptoms which the patient has forgotten. When new symptoms few or many, appear, after those for which the remedy was given have disappeared, the case has not been carefully taken, and the remedy grven not suited to the totality of the system.

Ninth. Suppose after the indicated remedy has been given present symptoms disappear and those of years ago are observed to reappear, then what? The physician knows that the remedy given is the similimum and that his patient will recover. In proportion as old symptoms, which have been absent for years, reappear, the disease is curable. Later symptoms which have over-shadowed the older ones are first removed then older ones appear and they are removed until the patient is cured, thus confirming the law that recovery takes place in the reverse order of the appearance of disease.

Tenth. Suppose after giving the indicated remedy symptoms take a wrong direction.

Suppose you have prescribed for sciatic rheumatism, and the symptoms have promptly disappeared, but the patient is taken with sudden distress in the heart, what are you to think or do?

You will observe that you have transferred the disease from the circumference to the center, and you must antidote your remedy at once, or structural changes will follow and that quickly.

Scrupulous care must be taken to send disease from the center to the circumference or surface, or there will be organic changes which are incurable.

These ten rules in reference to the prognosis after the remedy must be carefully learned and observed. I have refrained from dogmatics preferring to state more laws in simple words. These laws are immutable, they are demonstrable, they are soundly scientific.

It affords me much pleasure to present to this body of learned men scientific laws of the highest order not found in any school of medicine save the homœopathic.

THE SINUSOIDAL CURRENT.

BY J. A. BURRETT, M. D., HARTSHORN, OKLA.

IN my opinion it is as important for a physician to know the various forms of physical methods of treatment as to know the use of medicine and surgery. Many physicians practice for years without knowing or using anything except medicine and surgery.

Dr. H. A. Hare, the noted author, professor and editor, made the following statement before the American Medical Association: "In my lectures I now advise my students to use physical measures whenever possible to the exclusion of drugs."

W. W. Keen, a noted surgeon, author and professor, states: "My most dangerous case, my medicine case."

A physician who depends on drugs or surgery alone is not doing justice to his patients and the public should know it. I want it plainly understood that I am not condemning the use of medicine or surgery, but wish it understood that there are various physical methods which are equally important in the treatment of various diseased conditions. The sinusoidal current is important in various cases. In giving the indications for the sinusoidal current one writer says: "This current may be successfully employed in all cases where faradic current is indicated."

Another writer says: "In general terms it may be said that the current is employed in all cases where faradism is ordinarily employed, following essentially the same technique.

Dr. J. H. Kellogg says: "In the experience of the Battle Creek Sanitarium during the last twenty years the sinusoidal current has proved itself to have a larger field of usefulness in the treatment of the sick than any other form of

electrical treatment. It completely displaces the faradic current, producing all the effects which can be obtained from this current and more without any of its unpleasant painful sensations."

Dr. Louis von Cotazhausen says: "Different authors call the sinusoidal current the faradic current of the wealthy doctors and patients claiming no virtue for it except a little greater smoothness and therefore less painful application."

Again he says: "As the sinusoidal current will do all the faradic will (at least in my opinion, based on constant use of it) and will do it better, less painfully and, besides, will do a great deal which the faradic will not, thus the latest improvement in sinusoidal apparatuses is very useful."

According to the most authorities the sinusoidal current replaces the faradic. The faradic apparatus is portable, which makes it a valuable current in country practice, especially when a proper apparatus is used, such as I described in my article, "The Faradic Current," May, 1913, MEDICAL CENTURY. In order to get good results from drugs we must use the best, as inferior drugs are worthless. The same rule holds good with the various forms of apparatuses. Physicians must keep in mind that we have no standard for various apparatuses and many are worthless.

In speaking of the sinusoidal current Dr. A. Abrams, of spondylotherapy fame, says: "The current has a specific action in hyperesthetic conditions, whether superficial or deep seated, and is of all currents the most available for inducing analgesic effect."

One writer says: "The most important physiological action of the sinusoidal current is the relief of pain."

Dr. J. J. P. Armstrong says: "I have used the rapid sinusoidal in ten consecutive cases of vomiting in pregnancy with most excellent results and depend upon it almost entirely in these cases of an obstinate type."

The sinusoidal current is used for the following: Intestinal toxemia, diabetes mellitus, diseases caused by portal congestion, neurasthenia, constipation, neuralgia, muscular rheumatism, headache, fibroids, hemorrhoids, fissure of anus, prolapsus of rectum, vaginitis, cystitis, incontinence of urine, paralysis, as well as various other conditions, too numerous to mention here. It would take a book to fully discuss the sinusoidal current. My object here is only to direct attention to it so as to induce physicians to study and use it so that less medicine will be needed and more cures performed.

The best article I have ever read on this subject is "The Sinusoidal Current in Therapeutics," by A. C. Geyser, of New York, *New York Medical Times*, May, 1909.

A CARBO VEGETABILIS PATIENT AND A PUZZLING DIAGNOSIS.

BY C. S. TISDALE, M. D., JOPLIN, MO.

INTRODUCTORY.—This case is reported because it shows what to do and what not to do, or *when to consider* a thing to be a characteristic symptom and *when not to consider* it a symptom.

This patient was an elderly woman over 83 years of age. I first saw her some time during the latter part of October, 1913, at Carrollton, Mo., when she was in her usual state of what she considered good health for her, when she was free from pain and not complaining. Had I known what I now know I would have learned that she was *naturally a persistent talker,* one of those persons who have to tell you all of their family history, troubles, etc., and will not give you time to get a word in edge wise, as they say. But I did not make the acquaintance of this woman when she was in her average normal health.

Right here let me say I made a great mistake, and my first failure came from it.

Lesson 1.—This is *not to overlook the getting of a knowledge of people when normal.* May the younger members of our profession learn this lesson now and profit by mistakes that nearly cost me the life of this patient.

Let me now proceed by stating that this woman had supposed she had "asthma," and as the physician whose practice I was careing for, and other physicians, had never disputed her diagnosis; I was not given a chance to diagnose the case for myself; in fact, my own services were not called for, but at certain times she would send in for a small vial of a combination "asthma" tablet, that my predecessor had been prescribing for her. And besides this she had been using a quack nostrum, which contained some opium and stramonium, as I learned later. And so this misguided drugging for a still more erroneous diagnosis went on under my repeated protests until December 26, 1912.

About this time I was called to her home about six miles in the country, and found her complaining of a very VIOLENT PAIN, neuralgic in nature, extending over left eye and passing through to back of neck. She had never before had any kind of a head pain, and was frightened to death, and so were her relatives with whom she was living. There was no other symptom to be found without a careful and personal observation of the case. Some of you may be able to find the homœopathic similimum on that one symptom, but I confess I can not. So I sent my livery team home and remained with the patient all night.

As her pains were not endangering her life, I composed myself, gave her sugar of milk powders, with the suggestion that it was a nervine

and would quiet her to rest. She got easier, but the pain persisted. I found that her supposed "asthmatic spells" consisted of smothering and choking up sensations, in which she felt a terrible oppression and constriction about neck and chest, as if her breath was being crushed out of her.

That looks asthmatic, but in her case she could lie still and sleep and never have a spell. Her spells came on only during the day time when she was awake; always on first exerting herself in the morning and sometimes after a prolonged and severe exertion.

These smothering states were most severe when the wind blew from either south or east, and in spring time as the frost was leaving the ground.

By inhaling the smoke from burning her quack asthma nostrum she was able to get instant relief.

In connection with these spells she had been troubled with a slight hacking cough associated with a tickling in the trachea; and such a state had troubled her for years.

Had I prescribed Nux vomica to offset the results of intense drugging and clear the case up, perhaps I would have done better for the patient.

But all of her common symptoms, such as the smothering, the oppression, the < by exertion, the morning <, the spring aggravation, the left-sided head pains, and the aggravation by east and south winds are strong symptoms of Lachesis. And because I failed to perceive the great loquacity and talkativenees of the patient when normal, but did notice it when she was sick, she got Lachesis.

Here, then, is lesson 2: Be sure that you do not mistake things that are normal in the person and consider them as symptoms of the patient.

With the common symptoms of Lachesis present, and believing loquacity to be a strong mental symptom, I prescribed Lachesis 300th, because of its great loquacity in connection with the other symptoms, and gave her one dose of the 30th centesimal potency, placing the powder on her tongue.

After this she received placebos very freely for some time, but persisted in taking her usual dope in connection in spite ofmy protests.

Results: The head pains all ceased. There was a marked relief of the smothering states but not an entire giving away of the symptoms.

Now here observe a rule laid down by the Organon and emphasized by Kent: *"When a remedy which is only partly similar by fitting a few of the more common symptoms of a case* is administered in suitable dose and potency, *those common symptoms may go away to all appearances,* but *they are in reality only suppressed* and *held in check* for a time by the remedy." This is just what happened, but I was not convinced of this rule at the time, and took the apparent improvement for real progress, and this is the third lesson this paper teaches.

We must learn how to determine when a remedy is acting as a palliative and when it is acting as a curative power.

Now follow me till late in January, 1913, and we learn that our patient was growing sick to her stomach; that she got an idea it was the medicine (placebo) we were giving her that made her sick, and refused to take any more of it. And neither did she confer with us, but doped hersef with first one thing and then another, mostly homœopathic remedies furnished other members of the household for stomach trouble by my predecessor.

Her condition grew worse, the old head pains returned, and with them a very severe and obscure complaint developed. And an allopathic physician was called and pronounced it pneumonia; but why such a diagnosis I could never learn.

For two weeks she took his large and strong doses, and went from bad to worse.

Here you will observe the old head symptoms returned accompanied by others, which pertained to her chest and lungs and her entire organism.

Lachesis had palliated and suppressed the case; its action had become exhausted; and then the sickness returned with more violence than before.

Here is our fourth lesson: "When a case has been suppressed its symptoms return in time and with greater severity than before." I am convinced that had I not given Lachesis at first all of the symptoms, which appeared later, would have appeared then, but with less violence and less danger, but fortunate as it was, they returned in the same image as when they left. First the head symptoms, then the chest and body symptoms.

I was again called on February 18th, 1913, and found:

Patient very restless, full of anxiety and fever; over-sensitive to the heat, sensitive to weight of her clothing; soreness over chest; much mucus in bronchial tubes and air cells; great loquacity (as I believed) with an onset of pain in left side of head. Because Lachesis had relieved her before, and because I failed to realize it had acted by suppression, I again gave her Lachesis 200th.

Feb. 19th she reported feeling better, and so she received placebo.

Feb. 22d I was called again, and found her choked up with mucus; there was a loud rattling respiration which was heard all over the house. She declared she was dying, and the expression of her features looked like death. She was weak and prostrated, yet had to be propped up in bed to get her breath.

She complained of smothering and of choking; she wanted the windows open and the fires put out, and threw the covers off from her; declared she was burning up, while her hands and feet and body were very cold; and all this was evident in a room where it was too cold for the comfort of others, and when it was freezing weather on the outside.

With all this she was constantly wanting some one to fan her, and fan hard at that; it took two people to do this fanning for her.

By this time my faith in Homœopathy was beginning to leave me, and all faith in Lachesis was gone.

Had I then realized the lessons I have since learned results might have been better, but I was ignorant, and something had to be done.

That terrible rattling and gasping for air at once reminded me of Antimonium tartaricum, and in my excitement and haste she got Antimonium tartaricum 30th with relief for a few moments only, when it had to be repeated.

Here learn the fifth lesson. The patient had been failing, the sickness had been increasing its violence, and now it could not be suppressed by any of the remedies related to the more common symptoms; but this I did not know at the time. Again witness the waste of time in prescribing on keynote symptoms.

I was now with patient day and night, and found that the urine had become scanty, offensive, high colored, with brick dust sediments, complete loss of appetite, absence of thirst and bitter taste in mouth.

Let it be said now that at no time did she have temperature; in fact, her temperature was a little below the average normal.

By the morning of the 23d I discovered the patient to be a person of changeable moods, with weakness of memory and absent-mindedness, also common to Lachesis and many other remedies.

By the night of the 23d conditions were desperate. Lachesis and failed to relieve, Antimonium tartaricum ceased to relieve, and still I imagined I had a loquacious patient.

Aided by Kent's Repertory I now made a careful study of the whole case, using loquacity as a strong symptom.

Stramonium and Lachesis alone seemed to fit the case, and since Lachesis had failed I tried Stramonium, and waited over the 24th, 25th and 26th to get results, and found the patient to be rapidly failing in every way, as the disease process was increasing.

By the evening of the 26th we discovered that during the night time there were paroxysms of hard, dry, harsh coughing, but that during the day time the cough was loose, with profuse, thicq, green, offensive, stringy expectoration. Patient was now so prostrated that urine and fæces ran away without any consciousness or control on her part. Death seemed very near; patient was told she must expect to die any hour, and friends accordingly advised, but with the tenacity of a lion at bay we determined to try further efforts. On February 27th it dawned into our block-headed nature that loquacity was not a symptom at all, that the grand feature of this case was that of a COLD, FEEBLE, CHILLY PATIENT who FELT HOT, and HAD TO BE FANNED. And discarding loquacity from our case another repertory study was made, and this time Carbo vegetabilis and Sulphur ran through the case in its entirety.

A comparative study was now made of these remedies and Carbo vegetabilis decided upon. My confidence in Homœopathy was lost, and my faith in a single dose broken because of a very strong article I had just read in a former homœopathic publication. And so in my desperation I lost my reason and did some very foolish things. I gave three powders of Carbo vegetabilis 30th, one every two hours, and placebo, and returned home convinced that all hope was lost and my work only an experiement. Being a long way from the case I left two doses of Carvo vegetabilis 200th to be given at 6 and 8 the next morning if the patient was then alive.

Feb. 28th, morning report by telephone, apparent slight improvement. Afternoon still more improvement reported, appetite and strength returned with increased thirst and urination. During the night before several hard coughing spells.

March 1st, morning improvement more marked after midnight of night before. Placebo only continued.

At 2 P. M. reported not so well, with headache from prolonged coughing. Carbo vegetabilis 200th, one dose, followed by marked aggravation.

March 2d, had hard, hacking cough off and on all night. Bowels now costive, urine improved, but still so weak she could not retain it.

Patient no longer complains of being too warm; can stand covers much better, and did not need to be fanned.

Here, then, learn the sixth lesson: "Consider the circumstances under which symptoms are manifested that we may determine their value."

It is very common for anyone having feverish heat to want to be fanned, and it is common for most of us to want to be fanned when it is very warm and sultry, but it is very STRANGE, RARE, PECULIAR, uncommon and nearly unexplainable to find one who is OLD and WEAK and ANÆMIC with *poor circulation, with coldness of flesh, who desires to be cool* and to be *fanned*.

Hence in this case the desire to be fanned becomes of vital importance, it alone reveals the true image of the patient and the remedy.

Now another thing: I at last gave the right remedy. The patient had responded to the first dose by slight aggravation, after which came

improvement. I should have let well enough alone, but did not, and so by giving too many doses I aggravated the nightly coughs more than was necessary.

Fortunately I did not have as much of an aggravation as I would have had had the patient's vitality not been so weak.

However, my patient was improving in the right way, but I could not desist giving a cm. of Carbo vegetabilis, but very fortunately from a graft that I learned was without strength, and was discarded afterwards as no good.

As it was there followed an accumulated effect as you will soon learn.

March 3d, general improvement going on, and some old symptams of past years coming back after years of suppression. Placebo now continued.

March 4th reported improvement. March 5th and 6th continued improvement, with a continuance of the placebo.

March 7th, continues to cough; loose by day, dry and hard at night; < after midnight with thick, greenish, offensive expectoration. Headaches over entire head come on every morning and go away at sunset. Placebo continued.

March 8th and 9th, same conditions prevail.

March 10th, same condition present with great sleeplessness and restlessness at night.

By this time I had recovered from my rattled condition of mind, and my faith was being restored, and I had learned what to look for after a remedy, or, in other words, to make a prognosis from the action of a remedy. And perceived in these new states the over-action and accumulative effect of too many doses and that this must be antidoted.

Sulphur having run along side of Carbo vegetabilis in our repertory study we gave Sulphur 30th, one dose, followed by placebo, and continued this placebo till March 14th. During this time the patient again improved, with less of the disagreeable features. March 14th, case ceased improvement, and Sulphur 200th, one dose, was given.

March 15th reported cough gone during night and better rest at night, but with cough and headache all over during the morning.

March 16th patient reported to be losing strength and coughing all the time with headache and nausea.

However patient's appetite was good, she ate with a relish, had no more smothering spells, and no more choking spells, and no desire to be fanned.

Here was a Sulphur over-action, but I did not realize it at the time, and again fear seized me and hope deserted. I ought to have waited and let the symptoms settle into some order, but did not. I only thought to palliate, as I had again given the patient up to die. So I gave Stannum 30th but with no change in the case.

March 17th patient now losing strength and appetite. Complained of being too warm and had to be fanned. I was then convinced that the Sulphur action was exhausted, and the over-action of Carbo vegetabilis antidoted as well as all curative action brought to an end.

Now I watched and waited, and by the 18th all the symptoms had returned as they were before, save that the patient was not as bad off as before.

Convinced of my mistake in too much dosing I yielded at last to the teachings of Kent and the great masters, and determined to give one single dose of Carbo vegetabilis 30th, and the smallest I could make. So I gave just one single granule, placing it on her tongue, and followed this by a placebo.

Immediately there was a very gentle and mild aggravation lasting a few hours and then wearing off.

March 19th patient feeling much stronger, able to raise herself up in bed for the first time since her sickness.

No more smothering spells, no more choking spells; does not have to be fanned. The hard coughing spells have gone, and only a light hacking cough left, such as she had had for years. Urine less offensive and more of it, less offensive odors from patient's breath, and only a slight headache.

Patient continued improvement till March 25th, when she was able to get up, put her clothes on, go about the house, feeling fine in every way, and much better than she had been in many years.

On this date we placed the patient on sugar of milk tablets as a placebo, and she continued improvement during the next two or three weeks, by the end of which time she was reported as being well in every way.

In conclusion, let me state that we did not see the patient after March 25th. On this date I made a final examination of the case and found a large cavity about the size of a dollar in the upper right lung, which I believe had been forming for years, and which had been filled with mucus during her sickness, and that because of such tissue changes in vital structures she could not hold up under the higher potencies. Kent advises not to go lower than the 30th nor higher than the 200th in cases where we have such tissue changes in vital organs.

A number of examinations of the urine had persistently shown pus in the urine, presumably from a cystitis of long standing, as she had always had bladder trouble.

After March 25th an examination of the urine revealed it to be normal, no more pus cells being present.

Not having any defined history to make one think if such cavities having been formed, and

not finding any positive signs of any in our first examination, we failed to suspect their presence.

We have never been clear in our diagnosis of this case, but one thing we do know and that is the last we knew of this patient, several months afterwards, was that she had gone on to an almost perfect recovery, that is to say, her old smothering spells never troubled her again, and she became strong and free from all symptoms and able to come and go from her home to town and do housework and relish life. So that aside from irreparable tissue changes, which must ever remain the same, her disordered life has been restored to a state of health and order.

Whether or not this patient had been going into a slow tubercular state or not I can not say, perhaps the cavity resulted from an abscess in former years. This much I can only say, she had a remarkable chest expansion when I last examined her. The apex of each lung was well filled with every respiration. The chest was not flattened, but on the contrary it was well rounded for one of her build.

The temperature of pneumonia was absent to my mind. She had a marked form of bronchitis with catarrhal infiltration of the air cells and of the cavity itself. We have no theory concernlng the cause of her smothering spells, and no name for the condition existing with them.

The final lessons we learn here are: That diagnosis cuts no figure in the homœopathic art of prescribing so far as the indicated remedy is concerned; that the very smallest dose may bring about a cure when a greater dose would kill; that it is better to wait and watch and be sure of our remedy and not to be in too great a hurry to change it or interfere with it when once it begins to work, and never to repeat until the symptoms have returned the same as they were before I trust we may all derive some practical and helpful pointers from the discussion of this paper, and it is with such a hope as this in mind that I have been influenced to present this report for your consideration.

Cratægus.

This remedy was given a thorough proving a few years ago, and this gave for the first time clear and definite indications for its use in heart disease. The following symptoms are those experienced by the provers, and I have verified several times their value in several cases. The provers experienced difficulty in breathing; slow pulse, which in one case dropped to 58 a minute; dyspnœa; the dyspnœa was so marked in one case that the prover had to go to the window for air.—*A. E. Hinsdale.*

"IMPORTANT REMEDIES AT THE MENOPAUSE."

BY WM. STEINRAUF, M. D., ST. CHARLES, MO.

MY DEAR Chairman: As I am denied the privilege of being with you and the memmers of the State Society at the annual convention in Kansas City this year, I can assure you, dear doctor, that, although bodily absent, I am with you in thought, mind and spirit. When you read these lines to the assembled doctors my fraternal hand-shake, unseen, will be felt by you. And my fervent wish and earnest prayer will be that the spirit of the great and immortal Hahnemann will hover over the meeting and take possession of you and all listeners to your voice, and that much good may come from your convocation in your effort to bring Homœopathy to the front in this materialistic world. It is a pity that our lives are so short, so that we can not live longer "than the allotted time of man," in order to carry the truths of Homœopathy to all nations of the earth. But I know the good Lord will awaken scores of disciples to promulgate our divine art after all are gone. It is as Hahnemann says, the Almighty will not let his beloved creatures in the thralldom of medical ignorance any longer, and has thus graciously let the discovery of Homœopathy take place.

But I must not bore you and your audience in this vein any longer but come to the point at once and give you my experience with a few important remedies at the menopause.

It looks like a work of supererogation to tell this intelligent looking assembly anything in this line that they do not already know; yes, know better than your humble servant. But as my remedies in this connection are few, I hope you will follow with me when I shortly mention them. My thoughts convey nothing new, but they will only tend to refreshen your memory.

Cessation of menses, change of life, menopause, critical age are some of the expressions applied to this condition. This change, by which is meant the period when menstruation ceases, embraces a period of several months or may extend over a period of two or three years. This is the normal condition. But, as a matter of course, cases drag on for many years,. But these are abnormal conditions where the female is laboring under some hidden dyscrasia or constitutional ailment of some kind. Between 40 and 50 years is when the change takes place. Whilst this change is in progress there is more or less disturbance of the general health which calls for medical treatment.

Let us start with Ustilago maidis for the excessive *hœmorrhages* coming on at this time. There it is the remedy par excellence, and I find it frequently indicated. Next consider Trillium pendulum, Thlaspi bursa pastoris, never to be forgotten in these cases, where there are no other

particular symptoms but only hæmorrhage. I have succeeded with one or the other of these three remedies.

Where *flushes of heat* predominate nothing equals Veratrum viride, Lachesis and Urtica urens, Amyl nitrate and Glonoine. These heat flushes are particularly annoying to the patient, and with these well studied you can do the work.

For the *headaches* Sanguinaria and Bryonia are frequently used.

For the *nervous* conditions I seldom look further than Cocculus, Conium and Ignatia.

But no one single remedy is as often indicated for all the various troubles mentioned than Lachesis. Every woman at the critical age will use Lachesis at one time or other. If Hering had done nothing in his long and successful career as to introduce this remedy it would have been enough to immortalize him.

There are, my dear doctor, several other minor conditions calling for treatment here, but they are generally foreign to this "change," and can be studied and touched on general principles. Much more could be added to what I have said in this connection, but I had intended to give only a few and the best remedies, and these I have mentioned. (Missouri Institute.)

ADJUVENTAL THERAPEUTICS.*

BY G. F. NETHERTON, M. D., CLINTON, MO.

WHILE the law of Similia can not be called universal, it is a general and well-founded rule or principle whose bounds extend into realms unseen and into depths yet unfathomed. Hahnemann only led us upon the mountain top, and after planting our feet upon the rock, gave us but a glimpse through the clouds below ere he passed away. He left us filled with an enthusiasm which in its ardor sometimes well nigh carries us off our feet.

Because we are not everlastingly boosting Homœopathy and daily proclaiming its principles from the house-tops among the laity, the foolish notion exists that all that the Homœopath gives is "sugar and water." While standing up for the law of Similars let us not neglect to inform the laity that we not only use the "other fellow's" medicine, but through our methods of study we have the advantage of not only knowing his own remedies but a better application of them in treating our patients. Unproven or empirically prescribed agents are for the most part merely adjuvental. and if, perchance, the law of Similars is unwittingly applied, so much better for the patient, provided, through the ignorance of the prescriber, an aggravation is not obtained through an overdose.

Often the dosage as recommended of the tinctures and fluid extracts as prescribed by the dominant school is altogether too large for the manifestation of the desired effect on their own symptomatology. To illustrate: The drug Lippia Mexicana, one of the verbena family, a concentrated tincture recommended for pulmonary difficulty, especially bronchial cough, used in doses of from one-half to one fluid dram. For tight, dry bronchial coughs, little or no expectoration, a constant irritation in the larynx and upper bronchi, diluting to one in four with chloroform water, adding enough alcohol to hold the drug matter in solution, with the same dose as before diluting, makes a most admirable adjuvant, and with its warming, pungent after-effect the dark green bottle of fluid does not leave anything for the patient's mind to guess upon, for he feels he "has had some medicine."

I have used many pounds of this remedy, and my local druggist orders it from P. D. & Co. for me alone, as he has never had a call for the remedy from any one of the other ten M. D.'s in town.

With this good remedy unknown and neglected by the physiological school, we certainly have them bested at their own game in this instance.

My first knowledge of this drug came to me as a lad when it was prescribed for my mother by a traveling quack, and, as he made good, I having beforehand planned on medicine as a career, noted down this remedy; and, if my father did pay a good fee, $100, I have fully recovered the amount many times as the result of that experience. As this remedy has never been proven, I have to be satisfied with its empirical use.

To Hahnemann we owe much, yet to feel that all knowledge died with him would be depriving ourselves from all the discoveries since made in chemistry and in the world of the microscope.

Much has been brought to light in physiology and the study of the glandular system as affecting disease. Much has been learned in the chemistry of the various ferments, lines along which the law of Similars has not yet been verified, if at all possible to ever so do. Who among us would be so self-denying and heroic in self-proving to see if he might not be able to develop cancer or an anterior poliomyelitis, a chronic Bright's disease or gastric ulcer? Adjuvental treatment and our knowledge of the chemistry of digestion comes to our aid in the absence of homœopathically proven drugs.

The use of concentrated sunlight focused to the extent of cauterizing promises much in the treatment of epithelioma.

While there is not a great amount of literature upon that subject, I have read everything obtainable, and with my experience in removing a few small epithelial growths I am fully convinced that we have in this method of treatment

*Missouri Institute of Homœopathy, Kansas City, Mo., May 14-15-16, 1914.

more of a cure than in anything else that has ever been brought to our notice.

The use of the hypodermic needle in the treatment of carbuncle, injecting pure phenol laterally through the swelling till it begins to ooze out of the openings, so thoroughly sterilizes the tissues that I no longer fear further absorption of the infection; recovery more rapid and cosmetic effect better than had we resorted to the knife; poulticing afterward, however, in all cases.

A teaspoonful of chloroform in enough alcohol to prevent precipitation, added to four ounces of water, and in tablespoonful doses, is most effectual in congestion of the stomach or in chill.

Gives quick relief in persistent nausea from error in diet after stomach has emptied and nothing but glairy mucus is raised. A most difficult condition in which to secure absorption of a remedy less volatile.

Analgesic balms which do not blister are most helpful in giving your patient rest in various local pains and neuralgias, and cause him to feel that something is being done for him. The psychological factor must be considered, and if we, as a school, are lacking in any one thing, it is in losing sight of the fact that all our patients are very much human and can not fully grasp our purpose without a material hand-hold.

In pulmonary cases of a catarrhal character I have found the use of a hand *nebulizer*, dispensed to the patient with the proper medicament with instructions how to use it in his especial case, to be of material advantage and mutually satisfactory.

People have come to my office from another who had given them a cheap *atomizer* for the difficulty, showing little judgment and a less knowledge of anatomy, as unfortunately we are not constructed like a fish altogether, especially is it not expected that it is necessary at all times to keep our gills in a bath of some sort of fluid in order to survive.

With the nebulizer a medicated vapor, soothing in character, and if there is anything at all in medicine to cure, the remedy is placed on the exact spot and relief is the natural consequence. As an adjuvant and more, the result of free and deep inhalations has its good effect. Dry medicated air is certainly remedial when medication, orally, can not promise as much. I am not prepared to say whether or no inhalations of antiseptic gums and balsams are inimical to the success of some of our highly potentized remedies when administered in the one case or same individual, and yet if your anxiety is greater to know for yourself the result of the high potency as acting alone, rather than that the patient should recover through the use of something else which at the same time was comforting to the patient and not of a narcotic in its effects, then, perhaps, you had best let the patient suffer and withhold the use of the nebulizer.

To more than mention the various curative agents as electricity, hydrotherapy, phototherapy, etc., as adjuvental to drug treatment would occupy more space than we have time to permit, besides these agents in well selected cases have in themselves undoubted records of cures to their credit.

Permit us, however, to make mention of the fact of the most happy results from the use of the epsom salt compress. We have used both the plain solution of a tablespoonful to one pint of water and the same with the addition of one-half drachm of phenol. For relieving the various dermatitis, especially of the pruritis sort, those with a phlegmonous tendency, the deeper cellular tissues involved, the epsom compress has made us some fine friends. As phenol has been productive of sloughing in too strong a solution for protracted local use if over much area, in our enthusiasm care should be exercised that we do no harm in using these valuable means of relief.

While referring to phenol we must not forget that in this agent we have a cure, if not a real specific, in the treatment of the dermatitis from coming in contact with Rhus or the poison ivy vine. Made up the prescription reads like this:

℞. Phenol .....drms. j.
Glycerine .....drms. ij.
Talcum powder .....drms. jv.
Water .....q. s. ozs. viij.

Mix. Shake bottle and apply every two hours, allowing to dry on. The original formula as I found it some years ago called for subnitrate of bismuth instead of the talcum. In reasoning it out we decided that all the benefit a powder could give was in holding the phenol, and the glycerine delayed the evaporation, prolonging the effects of the phenol, so the talcum was just as serviceable, besides bismuth in such quantities had no more to its credit than an extra expense.

With the increasing pessimistic attitude of the average old school practitioner toward drug remedies, he has discarded much of value which, if administered only on a meagre proving, are still recognized adjuvants to us, and if we can put them to a harmless use then the world is made richer by their having thus discarded them.

While Dr. Carrel is doing wonders in experimental surgery, he himself admits that but little practical good is likely to grow from it even in years to come. Enough of sensationalism to keep the matter before the public, at least, may be expected from the experimentations. While there always will be a need of surgery, yet a better knowledge of the therapeutic field would eliminate a lot of unnecessary work for the surgeon.

While our knowledge of drug provings is not as clear and can not always be used with the precision of mathematics, our case is less problematical than in the hands of the allopath, and with a more comprehensive adjuvental range in therai peutics still greater will the per cent. of cures be to our credit.

We will be obliged to content ourselves with drug action as noted in works on toxicology and accidental cases of poisoning in order to successfully apply the law of Similars in the absence of other provings and use them empirically as adjuvants.

With our better knowledge of the so-called physiological action of drugs, we feel that it is only just to ourselves that the public be made aware of the fact and not treat the subject as if we were ashamed of a large dose if the occasion calls for it.

PNEUMONIA—INTERNAL MEDICATION AND EXTERNAL APPLICATION.

ACUTE lobar pneumonia is the particular kind I shall endeavor to discuss. I may not suggest any new treatment, but hope to bring out through your discussion why we sometimes have pus formation in the pleural cavity following pneumonia and at other times we do not.

First, I shall attempt, with the aid of these drawings, to show you just what takes place in the lungs. (Drawings are copies of cuts made from microscopic slides.) This, as you know, is an infectious disease incited by the diplococcus pneumonia, and is especially characterized by an exudative inflammation in which red and white blood cells, serum and fibrin accumulate in the air spaces of lungs, usually involving—especially in adults—the whole of one lobe or lung or portion of both lungs. Toxæmia from the absorption of poison formed locally in the lung is an important and often most significant factor in the disease. The pneumococcus is usually widely disseminated in the blood.

With the onset of the inflammation the capillaries of the air spaces are congested, the lung is œdematous, firmer than normal, but not markedly consolidated, the air spaces contain varying leucocytes, red blood cells, serum and fibrin.

The epithelial cells lining the air vesicles may be swollen, they sometimes proliferate, and are usually detached in considerable numbers. Catarrhal bronchitis and pleuritis may at this time develop. This is called the stage of congestion or engorgement, and may last for a few hours or for several days, with a high fever. This is usually the first anxious period, and we, in treatment, are too prone to treat the fever rather than the patient; hence cold packs to chest are sometimes used, which in our judgment should never be tolerated, as their application only tend to hold congestion. Remedies at this stage which have served me best are Gelsemium θ, Aconite 3x, Ferrum phosphorica 3x. Room temperature 60° to 68° Fahr. Free use of laxatives. Sponge baths and alcohol rubs throughout entire treatment.

But as the process continues red blood cells and fibrin accumulate in the air spaces and smaller bronchi, so that the portion of lung involved becomes solid and friable, somewhat resembling the liver in color and consistency, hence the term red hepatization which has been used to indicate this condition.

Then to take a cut surface of the consolidate portion is dry and coarsely granular, the granules being plugs or coats of exudate in the air spaces, a light scraping of the cut surface of the lung with the knife readily removes these granules or plugs of exudate which consists largely of fibrin and leucocytes with red blood cells and exfoliated epithelium. Here Ferrum phosphorus and Bryonia are indicated and oxygen by inhalation.

The relative amount of leucocytes, red blood cells and fibrin in the air spaces varies greatly, sometimes one and sometimes the other preponderating.

The fibrin fibriles coalesce, or well forming homogeneous irregular masses. While the general appearance of the lung in this state is red, it is often mottled with gray and frequently is not uniformly solid, and thrombus is not infrequent.

Fibrinous pleuritis is commonly present and the interstitial tissue of the lung, while from exudates, may be œdematous and contain a few leucocytes and some fibrin. The quantity of exudate in the lung is often very large and vary from 3-4 to 6 lbs. in weight.

In the usual course of events the red blood cells now lose their hemoglobin, the exudate begins to soften, and the lung assumes a grayish color, gray hepatization or commencing resolution. The leucocytes and exfoliated epithelium undergo granular and fatty degeneration, or necrosis, and these with the fibrin soften and disintegrate. The softened exudate is gradually absorbed or may be in part expectorated. The involved portion of the lung again contains air; the epithelium of the air spaces is regenerated.

While it is customary and convenient to describe definite stages of lobar inflammation of the lungs—red and gray hepatization and resolution—these, in fact, not only merge gradually into each other, but often co-exist in different parts of the lung. The process of repair also usually occurs irregularly, so a lung in resolution may show side by side in neighbaring air spaces well formed cellular and fibrous exudate, degenerated, and various phases of epithelial cell repair.

The nature of the characteristic crisis in pneumonia marked by a sudden fall in temperature and improvement of the general symptoms is

not clear, and is not occupied by obvious change in the pulmonary exudate. We shall not attempt to discuss the many complications; but only two of the several varieties, viz., that of delayed resolution and pus formation in the pleural cavity.

Delayed resolution we have endeavored to illustrate. Instead of undergoing resolution, the fibrous and cellular exudate in the air spaces in lobar pneumonia may persist, by a similar process to that which is called organization of a thrombus may be gradually replaced by new vascular fibrous tissue. New connective tissue cells grow out from the walls of the air spaces into exudate; these cells become elongated. Intercellular fibrils develop, and long masses of bands of this new tissue, often containing blood vessels, may extend for considerable distance through the air channels of the luns.

These may gradually coalesce with the walls and together with an interstitial connective tissue growth may lead to a fibrous consolidation of the lung or a filling in by new tissue formation. Such an intra-alveolar formation of connective tissue leading to fibrous induration of lobes of lung sometimes occurs as independent lesions apart from exudative form of lobar pneumonia.

As already stated the diplococcus pneumonia usually occurs alone in lobar pneumonia. It may be accompanied by the streptococcus and staphylococcus and occasionally by other microorganisms.

The exact significance of these mixed or concurrent infections in lobar pneumonia is not always clear, but instead of the usual resolution there may be gangrene or suppuration of the interstitial lung tissue with the formation of abscess may occur. In such cases the streptococcus pyogenes, staphylococcus pyogendus aurum, or putrefactive bacteria may be present with the pneumococcus in the exudate.

Suppurative inflammation of the interstitial tissue of the lungs may involve not only the larger of the air vesicles and other air spaces. It is often called "purulent infiltration."

From the cut surface of the lung in resolving lobar pneumonia grumous fluid resembling pus often exudes, and this is sometimes mistaken for a mark of interstitial suppuration of the lung. Suppurative inflammation of the interstitial tissue of the lung may occur without association with lobar pneumonia.

Case No. 1.—Boy, 6 years old. Was taken sick away from home, at Eldorado Springs, with what the doctor thought was inflammation of the bowels and pleurisy. Cold packs were used with the regular allopathic treatment, and as soon as the boy was able he was brought home, and the home doctor looked after him, which was in a nearby town. Patient was up and down for some weeks. Some days had a temperature of 103°, and some days normal. After several weeks of this preceding history, I was asked to see him in consultation, which I did, and found pus in the pleural cavity. Advised resection of rib to drain the abscess, but the family wanted to be sure that was necessary, and asked for further counsel to be called, which was done—this time a specialist from the city, who confirmed my diagnosis, and we at once made the resection and patient went on to rapid recovery.

Case No. 2.—Boy, age 9 years. Took with lobar pneumonia in right lung. Temperature between 104° and 105°. Patient was very sick from the start. Any and all medicine given failed to reduce fever or quiet patient or family. Fever continued to run high for several days; abdomen quite distended. Nurse was called. Oxygen was administered every two hours from 15 to 50 minutes. Laxatives increases. Tepid baths with mustard was used on chest. Patient began to improve after a few days, and at the end of ten days nurse left the case in good condition, with only slight temperature in evening. in a few days the patient's temperature began to increase, and some evenings reached 103°, but usually 102°. After repeated and thorough examination I decided that there was pus in pleural cavity. Anæsthetic was given and rib ræesected, and one quart of pus evacuated. After treatment in usual way, rapid recovery followed.

This is the only case of my own that had pus formation as a complication of pneumonia—sometimes treating as many as twenty cases in one season. Why did it happen here?

THE PULMOTOR AND ITS USES.

MR. CHAIRMAN AND STUDENTS: I address you as students, because in this rapidly developing age he who is not a student does not keep pace with the scientific progress.

It affords me great pleasure to demonstrate to those of you who are not familiar with the pulmotor a perfect appliance for artificial respiration, and capable of producing the most beneficial results in the hands of the medical profession and of the trained laity. It has been in use about two years in Europe. Less time in this country.

Its use should be provided for in all fire brigades, mines, gas works, metallurgical work, blast furnaces, foundries, chemical works, breweries, ice plants, rescue stations, ambulance stations, hospitals, bath establishments, hotels and department stores.

When we, as medical men, have once experienced the great superiority of the automatic pulmotor over mechanical resuscitation, we shall always feel that to have a pulmotor in readiness in rescue station, operating chamber and sick room is an essential preliminary and a necessary armamentatum.

Like all apparatuses its uses are many, and is

indicated in cases of poisoning—whether from an overdose or with suicidal intent—collapses under anæsthetic, gas asphyxiation, drowning, ambulance service, all rescue work, collapse or crisis in pneumonia, and should be used in all cases of seemingly apparent death if the faintest heart sounds are perceptible.

The most interesting part of this instrument is a small leather accordion bellows, which effects the automatic reversal of the apparatus from suction to delivery, and vice versa, without ceasing. This operation is extremely simple. The bellows being connected with the air tanks. During inflation the same pressure obtained in the bellows as in lungs, and when lungs are filled the bellows becomes inflated, and in moving forward causes the valve to be automatically reversed into position for suction, and when lungs have emptied, the bellows contracts and automatically reverses the valve again into position for inflation, and so on, thus keeping up the rhythmic artificial respiration, and by this method a pressure is produced in the lungs equal to 8 in. water gauge or 0.29 lbs., and a suction equivalent to 10 in. water gauge or 0.36 lbs. The tank pressure is 2,205 lbs. The oxygen in air when using the pulmotor is 40 per cent., when using the inhaler is about 30 per cent.

The tank holds 11½ cu. ft., or 330 litres of oxygen. (Missouri Institute.)

THE REASONABLENESS OF HOMŒOPATHY.

BY T. H. HUDSON, M. D., KANSAS CITY, MO.

WHEN, upon the solicitation of this Bureau's chairman, I consented to write a paper upon this subject, I had in mind an altogether different method of treatment. I said I will pile up facts and figures, procure evidence, summon witnesses, cite instances, quote authorities and prove beyond peradventure the verity of similia and the power of the infinitesimal.

Thus I asked myself the questions, What is the use? What the advantage? Who will be benefited? The answers were easy. No use. No advantage. No one will be benefited. No one who hears the evidence will be convinced by it, for he was convinced before. No one will be the wiser, for he was already in possession of a knowledge of the curative law, and has verified it himself. What profit, then, to waste time and bore people with iteration, reiteration and proof of facts already in their possession.

A more worthwhile thing to do would be to desire or suggest a plan for carrying the knowledge of therapeutics possessed by all our physicians to those ignorant of our therapeutic laws.

If this conclusion is correct it is with the combined consideration of the members of this body, and the only proposition to consider is, How shall it be done? Shall we publish in our medical magazines carefully prepared, logically composed, argumentatively arranged, entertainingly written articles testifying to the advantage of law for the administration of remedies, and setting forth the advantages of its application! This we have done for a hundred years to our own satisfaction and to the comfort and consolation of the faithful; but who else is comforted or consoled or made wiser, happier or healthier? These are all right for us, have done us good, will do us good and should be continued, but disciples of other schools do not read our journals; they read their own. The laity do not read medical journals; the time approaches when they will; but not now, not yet. Meanwhile we must approach them, reach them through some other channel by some other means. The people read literary magazines, story papers, and we could break into these, and there be those among us who could present our plea in story form entertainingly, delightfully, convincingly. The time may come, will come, if we discharge a previous duty first, when this method shall be worth while; but not now, not yet. Why not? Things must follow each other in right sequence or our labor of love will be "love's labor lost." If we would rear a great edifice we must build a great foundation and build it first. Suppose we theoretically convert people to our faith. Their first request will be for a practical demonstration. How shall such demonstration be made? By practical demonstrators. Who are they? Exponents of our law, practitioners of our faith, doctors of medicine so thoroughly educated, so conversant with the law of cure that an error in the selection of a remedy for the cure of the sick shall be the exception, not the rule, and withal, so thoroughly educated in every subsidiary scientific branch of knowledge bearing upon this primal one that no output of any medical college in the world shall be able to boast of any advantage over those whom we send out as representatives of the law of Similia.

To send such representatives we must have schools of science, medical colleges, the first of any in this or any other land.

Such institutions must be located in the centers of population, the large cities where clinical material is abundant, for the medical college must be accompanied by the handmaiden—the hospital.

Our great representative body, the American Institute, of which organization every homœopathic physician in America should be a member, has designated Kansas City, Missouri, as an appropriate place for one such school and hospital. To those of us who live here the place is a matter of comparative indifference. All that we desire is that the selection of place be wisely and judiciously made.

To those who ardently and sincerely desire the exploitation of a law of healing, which by long

and varied experience they know to be true, there is no north, no south, no east, no west, no limitation of space or time wherein such law shall be propagated. For these, then, is the boundless hope that in this our time and place we may build for all times and all places; so build that coming generations may be blest because we have toiled, and the world because we have lived, becomes a happier, healthier, better place in which to enjoy life.

May 12, 1914.

PHARMACODYNAMICS AND THERAPEUTICS.

BY ALBERT EUCLID HINSDALE, M. D., BAY CITY, MICH.

Picric acid and Camphor.

Agnes Savill (*London Practitioner*) praises strongly Williams' formula for the treatment of ringworm, this consisting of picric acid seven grains, camphor one-half ounce and rectified spirit one-half ounce. Dr. Savill used this mixture with gratifying success in fifty cases, of which full records were kept. She secured cures in cases which had been treated for months with other remedies without success. She says that among the nurses and mothers of the neighborhood of the Children's Hospital, where the treatment was given, acquired the reputation of being able to cure ringworm within three weeks. Dr. Savill makes a number of suggestions regarding technique. First, no other application should be made; second, all the camphor in the lotion must be dissolved; third, the hair must be cut around the diseased patch in the usual way and the lotion painted on night and morning; fourth, the yellowish powder forming on the skin must be lightly washed away twice a week, in order to insure fresh applications reaching the scalp; fifth, the hair should be clipped or shaved off two or three times a week, otherwise the lotion will not penetrate to the scalp; sixth, loose hairs must be removed with the epilation forceps, being careful not to break them off. Chloroform rubbed over the patch gives the diseased hairs a frosted look which makes them easy to locate.—*Eclectic Medical Journal.*

Some Valuable Mechanical Laxatives

Russian Oil and Agar are among the latest offerings of Parke, Davis & Co. They are mechanical laxatives of a high order of merit and are certain to attract widespread attention from the medical profession.

Russian Oil, P. D. & Co., is a hydrocarbon oil distilled from Russian petroleum, generally known in Europe as paraffin oil. It is tasteless, colorless, odorless and is guaranteed to be free from sulphur compounds, acids, alkalies and all harmful by-products. Particular stress is laid upon the high specific gavity of Russian Oil, P. D. & Co., and its resultant high viscosity and great lubricating power. The product is not a laxative in the sense of stimulating the bowel by local irritation, its function being rather that of an intestinal lubricant. It passes in toto through the alimentary tract, mingling with the food in the stomach and upper digestive tract, with the result that the fæces become thoroughly lubricated and pass through the lower bowel more rapidly and are expelled from the colon promptly and easily. Not the least valuable feature of the product is its protective effect on the stomach and intestines, it being well known that abrasions or irritations of the mucous surfaces permit bacterial infection and general toxæmia. If desired the oil may be taken with a pinch of salt or a dash of lemon juice, or it may be floated on a glass of water, wine, milk or other beverage. The dose recommended for adults is two to three tablespoonfuls, morning and night, for the first two or three days. Later the amount may be diminshed. Parke, Davis & Co. supply Russian Oil, Aromatic, and Russian Oil, Unflavored. Physicians, when prescribing, should indicate which product is wanted.

Agar, the other preparation referred to, is a Japanese gelatin derived from seaweeds. It is supplied numerically in dry, transparent pieces that are reduced to coarse flakes for medicinal use. It freely absorbs water and retains it. It has the additional property of resisting the action of the intestinal bacteria, and of the digestive enzymes as well. Its chief use in medicine is in the treatment of chronic constipation. Experiments have shown that when Agar is eaten as or with a food it passes practically unchanged into the intestine, where it permeates the fæces, and by keeping them uniformly moist, aids peristalsis. Hard and dry fæcal masses are reduced to a softer consistency, normal evacuation resulting as a consequence. One or two heaping tablespoonfuls, according to individual requirements, may be taken once a day, preferably in the morning. It may be eaten with milk or cream, or mixed with any cereal breakfast food, with the addition of salt or sugar to make it palatable.

Fluorescein.

A remarkable new method of testing absolutely whether an apparently dead person is really dead, and thus avoiding the possibility of premature burial, just announced by Dr. Icard, of Marseilles, has been received with great interest by his colleagues in Paris.

Dr. Icard's system depends on the quēstion of whether the blood is still in circulation or not, and consists of a small quantity of fluorescein, which is quite harmless, but one of the most violent coloring matters known.

If there be the slightest motion of the blood

the fluorescein, carried into the circulation, stains the body a vivid golden yellow, while the eyes become a deep emerald green. If, on the other hand, there is no movement of the blood, the coloring matter is not dispersed, and produces no effect. Half an hour is stated to be enough to make this test.

It may be added that fluorescein is one of the most transitory dyes known.—*The American Practitioner.*

Hydrastis.

I have knowledge of its value both in private and consulting practice in acute and chronic catarrhal gastritis or inactive liver or gall bladder disease.

Plumbum.

This remedy is applicable to certain forms of nervous diseases characterized by the symptom known as "glove anæsthesia." There is present a sensation as though the hand were enclosed in a glove, and there is also present an anæsthetic condition of the skin.

Rhus tox.

The question frequently arises as to whether or not it is homœopathic to prescribe Rhus toxicodendron for cases of ivy poisoning. The modern view of the question is to the effect that in acute ivy poisoning Rhus toxicodendron is not homœopathic, but is prescribing identicals instead of similars as Homœopathy calls for. However, when the case of ivy poisoning becomes chronic in character and when the disease (*i. e.*, poisoning) becomes localized so that certain definite groups of cells are involved, the disease is no longer ivy poisoning, and in this condition the prescribing of Rhus toxicodendron is decidedly homœopathic. Indeed, clinically, it is found that Rhus toxicodendron will cure chronic ivy poisoning, and that it fails to relieve the acute condition which may call for Anacardium or some other similar acting drug.—*A. E. Hinsdale.*

Ferrum picratum.

Has practically cured one case of enlarged prostate in a man aged 35 years, who suffered with gonorrhœa several years before The drug was prescribed because of its supposed influence upon the prostate after other remedies had failed. Undoubtedly a proving of the drug would show considerable effect upon this particular organ.

Sulphuric acid.

This remedy produces hæmorrhages from all parts of the body, especially hæmorrhages beneath the skin. The symptomatology of the drug bears a close resemblance to purpura hæmorrhagica, and it seems as though Sulphuric acid would be worthy of a trial in this condition.—*A. E. Hinsdale.*

Arnica.

The older writers and teachers of materia medica laid great stress upon the power of Arnica to prevent puerperal sepsis. It used to be common practice for physicians to give a douch of dilute Arnica water after confinement, and to prescribe the drug for internal use. Modern aseptic methods have done much to prevent septicæmia, but it is the experience of many that in spite of all such precautions that blood poisoning is yet known to occur. Possibly a reversion to the older, but less spectacular methods of practice, would prevent many of these cases from appearing. Arnica is certainly homœopathic to such conditions acting, as it does, upon muscular tissues. There is present after child birth a sore, lacerated uterus, which is a muscular organ, and again Arnica is distinctly homœopathic to a septic condition of the blood. Any physician who will give Arnica a trial in his obstetrical work will soon convince himself of its prophylactic powers.—*A. E. Hinsdale.*

Iodine.

Dr. W. A. Humphrey says that Iodine in drop doses of the tincture is a splendid remedy for asthma with the following indications: Thickened bronchial mucous membrane, enlargement of the bronchial glands, wheezing.—*A. E. Hinsdale.*

Kali bichromicum.

The late Doctor T. F. Allen laid great stress upon the fact that none of the potash preparations should ever be given in the presence of fever, as it is never then indicated. The potash preparations come in later in any disease when the mucous membranes are in a relaxed condition and after inflammation has disappeared.

Oxalic acid.

This remedy produced in the provers a sharp pain through the lower lobe of the left lung and the apex of the heart. The pains come on suddenly. Use has been made of this fact in the treatment of angina pectoris in which disease Oxalic acid has proved curative several times.

Hydrocyanic acid.

Is one of the remedies for the dry hacking cough of consumptives; Hyoscyamus is another remedy.

The second edition of Dewey's "Practical Homœopathic Therapeutics," just published by Boericke & Tafel, is a book that will prove to be immensely useful to *every* physician, who can diagnose a disease, and this regardless of school. The book is what it indicates, *practical.* No doctor can afford to be without a copy. Furthermore, the publishers say this fact seems to be appreciated by the profession, for the book is having a remarkable sale.

MODERN MEDICAL EDUCATION.*

JOSEPH PETTEE COBB, M. D., DEAN OF HAHNEMANN MEDICAL COLLEGE, CHICAGO, ILL.

MEDICAL education is a much talked about subject to-day; we find the lay press teeming with advice, discussions and dogmatic statements giving the opinions of the educated and of the uneducated; of teachers, preachers and practitioners.

Committees of national medical societies, state medical boards, singly and in associations, medical college conferences have passed resolutions, have introduced bills into legislatures, have classified teaching institutions, have made arbitrary standards concerning the proposed medical student from the time of his birth until he is granted a license to practice by some state board of examiners. Hours and days have been spent year after year listening to pleadings and arguments as to whether a literary or a scientific college course is the best preparation for medical study; whether the premedical work shall include advanced work in mathematics, in classics, in modern languages or in science; how many hours shall be given to this or to that study; what preparatory schools shall be recognized; what high schools shall be of the elect, and what ones shall be condemned by faint praise, the deadly asterisk, or the more honest, open condemnation.

Abitrary rulings based upon technicalities in state board rules, drawn or administered to protect home industries, are not unknown; statements by irresponsible editors condemning as unworthy of public support or confidence certain specifically named medical colleges are made in medical journals and copied into the lay press.

Meanwhile medical colleges have gone on giving better and larger opportunities for acquiring a medical education. It is no doubt true that this widespread discussion and denunciation has had its share in stimulating colleges and college faculties to do better work. There is, however, another side to the picture, an autocratic, demagogic, un-American side, which makes us stop and think.

The original movement started out fairly with an appeal to raise the standard of college matriculates, of college work and of college graduates. This appeal met a very hearty support from the great majority of medical colleges, a support that has never been properly appreciated.

The Council of Education of the dominant school of medicine constitutes itself the executive authority in making rules, regulations and requirements for the administration of medical colleges, and at the same time the judge and jury to pass upon the work of the colleges. This was not the worst phase of the matter. The announcement was boldly made that there were too many physicians in the United States; too many medical students and too many medical schools; therefore, to protect the *profession* the number of students must be diminished, a large number of medical schools must be closed. When we consider that the first declaration was the "improvement of medical education" for the purpose of protecting the public this seems like quite a shifting of ground.

As a matter of fact, the first demand for improvement met with a fair response; but increased demands were promulgated and still more and more demands were made so rapidly as to make compliance with them impossible by any except the large institutions with unlimited resources.

Before a school had adjusted itself to its new conditions and improvements, still other changes, extensions and increased facilities had to be planned for.

The result was a disorganization of the college work rather than a progressive improvement. For the smaller institutions it became a financial impossibility to keep pace with the demand and many schools closed their doors for this reason.

Then a self-appointed critic appeared in the field, made a notoriously imperfect survey of the medical colleges of the country and published a report abounding in errors, some excusable and others inexcusable, even on the basis of incomplete information.

This report further assumed the kind office of designating how many medical colleges there should be in the country; how many states were to have the privilege of conducting a medical school, and how many, and in some instances which, of the present schools were to be closed up. No independent school was to be given a license to live, only schools an integral part of a university were to be encouraged. Any school, whatever its age or merit, which taught the value of any specialty in internal medicine, was to be condemned and summarily closed.

Only such schools as were acceptable to the committee of the dominant school of medicine were to be recognized, the others were to be forced to close up. To advance this scheme all the power of this organized body was exerted through the medical journals, the public press, retained public lecturers, a political lobby at Washington and, in many states, the control of state examining boards and a published system of grading that was ingenious but misleading; ingenious in that it published facts but not all of the facts; misleading in that it suggested inferences which were not true but none the less hurtful; the condemned school was "damned with faint praise" without the means or opportunity of presenting its case to the public.

*Read before the 31st Annual Session of the Southern Homœopathic Association, November 10, 1914, Baltimore, Md.

In ten years over one-third of all of the colleges of the country had been forced to close their doors or merge with other colleges. A long step has been made toward a medical hierarchy. We must admit that in the main there has been an advance in medical education, and that it was needed.

That the decrease in the number of the medical colleges was to be desired, and that a few more could be spared.

That the fitness of the average medical student has improved, which is encouraging.

But there are other things to consider. What about the smaller college which was honestly attempting to meet the new requirements and could have done so with a little time? Colleges that were overwhelmed by the avalanche of prerequisites and an undermined public confidence. What about the wrecking of institutions whose intentions were good and whose efforts were sincere? Destruction rather than construction seemed to be the aim of the reformers.

There are plenty of arguments to be advanced in favor of the small medical college, as there are for any other small professional school. There are plenty of champions for the small college in medicine, and though the present propaganda does not give them a hearing, I am not proposing to undertake that argument at this time; suffice it to remind you that not all of the men who have distinguished themselves in medicine, either preventive, curative or mechanical, have been graduates of large university schools.

The independent schools have many things to their credit, even if we admit all of the charges that have been made against them; some of these charges you all know are grossly and purposely exaggerated. Again history shows you that new ideas, forward movements and real advance—the great progress in all world-wide truths—take root first in the dissenting minority. It takes but little study of medical history to realize how true this is in medicine. Where did the opposition to the deadly polypharmacy originate? Not in the faculty of any university school. Who pointed out the value of the infinitesimal? Not a university professor. Who gave the first glimpse of and explanation of immunity? Again the same answer. Why then try to throttle the minority?

The Council of Education of the American Medical Association gives us the information today that of the 101 medical colleges in the United States, 84 require as a prerequisite for matriculation one year of college work in addition to a high school education, 37 of this 84 require two years of college work, and a few require a full academic or science course.

Of the 49 states, in 22 the state board of examiners require that medical colleges shall demand one preliminary academic year, and 7 states demand two preliminary academic years; these same states refuse to license or to examine for the purpose of licensure a graduate of a school not complying with these requirements. Whatever may be the individual student's scholastic attainments, he is debarred from an opportunity to prove up.

The trend is toward more and more time for medical education; more and more technical training in science; more and more tendency to graduate immature scientists and less effort to train practical physicians. Preventive medicine has not only overshadowed curative medicine but denies her even a right to an existence.

Yet the fact remains and will remain true for many decades that there will be the sick; infectious diseases will not be altogether eliminated; pneumonic, typhoid and tubercular patients will still be entitled to considerate, intelligent and up-to-date care. Some thought should be given to training the internist as well as the health officer and other specialists.

The medical graduate of to-day represents an investment of $10,000; six per cent. of this investment is $600.00. We are told that the income of the average physician is $600.00. In other words, by working hard a physician can expect to earn six per cent. on his capital he has invested in obtaining an education.

The addition of a year or two more to the educational, the financially unproductive period, will make the average income less than the six per cent. interest on the investment. We should stop and consider a minute what this means. Two results can be seen: First, a smaller number of men above the average intelligence will choose this educational route, and the average mental efficiency of the medical student will decrease; or second, a large proportion of students will be enrolled from families in affluent circumstances; many men will look toward a medical education as an evidence of culture and training and not for the purpose of altruistic service.

The proposed medical millennium will boast.

An impotent or lost minority.

A smaller, more compact body of physicians pleasantly subservient to a central rule.

An organized professional body of well educated, well polished, gentlemanly physicians, jealous of their caste and largely independent of their own efforts.

State medicine, when most of the read workers will be in the employ of the government and under the direction of organized departments.

No stimulus for independent personal initiative in either thought or action will exist. The stern necessity of making a place in competition with others will be lacking. A modern medical hierarchy will exist.

I do not wish to be understood as decrying or underrating the wonderful advance that has been made in this country in the opportunities for a medical education. The glorious opportunities offered by the large institutions of America, of which number your Johns Hopkins is a leader, are

the pride of every medical man of whatever school he may be a graduate.

These large institutions with their generous endowments and their wealth of material offer the profession excellent opportunities of advanced study—post-graduate work. It should be, and is, a source of pride to us all that such institutions can be maintained. Their most noted work in medical education is to-day, and will be more and more in the future, adapted to the needs of the graduate physician. They will never displace the smaller college as a local center and as an undergraduate school. They will continue to serve as the teacher of teachers, the stimulus for higher attainments, the pace-makers for medical investigation—they will never need legislative protection from the smaller college.

My plea is not for a lowering of the standard of the best nor for a depreciation of their merit; on the contrary, in so far as they use their wonderful opportunities wisely I offer a frank admiration. We can take this position and at the same time claim a right for the less wealthy and less popular school not only to exist but to receive encouragement for all the improvements and advancement which it shows.

It is my judgment that the large university schools need the smaller colleges just as much as the smaller college needs the university. Their needs are reciprocal, their relationship should continue to be cordially reciprocal.

The condemnation of every college that does not immediately attain university standing is unjustifiable. The skillful undermining of public opinion by the publication of arbitrary classifications with inferential insinuations does not help to elevate standards, but breeds suspicions.

The attempted elimination of a virile minority, if successful, would tend to stifle individual effort.

Unionizing teaching institutions would have the same result that it does in the labor world.

Trust methods are as unjustifiable in the educational as in the business world.

Competition is just as necessary for progress in medicine as in other educational pursuits, just as necessary for progress in education as in the other arts of peace or in those of war.

The opportunities for medical education have developed many fold in the past decade, but not all of the results have been desirable. I would call your attention to the vast increase in the number of licensed and unlicensed healers, many of them literally uneducated, most of them devoid of any medical education, to be found in the ranks of osteopaths, chiropractors, Christian Scientists and other cults of metnal healers.

Post hoc is not always *propter hoc,* but the causal factor in this sequence is too easily traced to be underrated.

Modern medical education aims to systematically utilize not only the medical college and the hospital but also the national, state and local medical society, the college and the secondary school as well.

It aims to demand a good preliminary education, to furnish an opportunity for the acquirement of a basic knowledge of the sciences particularly useful in the study of medicine and to furnish a skeletal outline of the medical art and science.

It aims not only to educate the student to a capacity for safe and helpful practice, to give him an opportunity to practice under guidance, to continue a helpful supervision even after he assumes an independent practice, but also to continually stimulate him to his highest individual efficiency.

It recognizes that the student must educate himself; that the initiative study must be his; that opportunities only can be given to him; that the way to learn to practice medicine is to practice medicine.

Furthermore, it aims through its various activities to educate the public to care for its own health, to appreciate the hospital as a health agency for the public good and not simply as a place to care for the sick, to value the altruistic efforts of the profession in the prevention of illness, in the maintenance of good health, just as highly as the efforts of the physician to cure the sick or the surgeon to correct a deformity or to remove a diseased tissue.

A single illustration will testify that this desideratum has not as yet been fully attained. Surgeons often receive as large a fee for the removal of a diseased appendix and the consequent saving of one life as a competent health officer receives for a year's salary, and the saving of several hundred or perhaps thousand lives.

A hospital has been aptly described as no longer a place within four walls to care for the sick, but as a Massachusetts matron once described Boston, "a state of mind."

Modern medical education aims to correlate all of the work of medical colleges, or hospitals, of out-patient dispensaries, and of sociological centres into a state of the public mind that will make for the betterment of human health, the possibility of greater happiness and the fulfillment by each and every one of his natural expectancy of life with unimpaired faculties.

A truly great and magnificent ideal. The branch of the profession to which we belong gives its most cordial support to all of these lofty ideals, welcomes every effort which tends toward their realization, and is ready to labor day and night, year in and year out, to advance toward this millennium.

We do not claim to be more honest than the majority, but we do claim to be honest. We do not demand any special consideration, but we do demand fair play and a square deal. We do not claim to be a sect in medicine, and we resent being called sectarian only. We do not desire to maintain a special school in medicine, but we do

demand an honest investigation of the only theory of internal medication that has not been buried within twenty-five years after it has been promulgated.

The funeral oration of Homœopathy has been preached many times within the memory of us all, but Homœopathy is far from dead. It gave the death blow to polypharmacy and incurred the enmity of the pharmacist. It pointed out the power of the infinitesimal and opened a new field to the scientist.

It lowered the mortality rate in every epidemic, in every serious disease, and was thoroughly chastised by the profession for alleged dishonesty.

It gave the first glimpse of the nature of infection, which half a century afterwards was elaborated by Pasteur and Virchow. Serum treatment of disease, vaccine therapy, relative immunity, are all corrolaries of the homœopathic law and practice.

Homœopathic principles have invaded all branches of medicine, have humanized its practice, have revolutionized its theories, and stand to-day on a firmer basis than ever before. There is not an important tenet in homœopathic therapy which modern science does not endorse.

There was never a time in the history of medicine when Homœopathy was as well understood as it is to-day. There was never a time when the Homœopath had a better opportunity than he has to-day. Even much of the old arbitrary professional discourtesy and prejudices has vanished.

To-day he is accepted by the laity and to a great extent by the profession on his individual merit.

What is Homœopathy? Not a sect only; not a complete system of medicine; not simply a name to conjure with. No; Homœopathy is a specialty in internal medicine, based on a law that has stood uncontroverted by medical practice one hundred and twenty-five years, that has been universally accepted by science, and that gives the only satisfactory explanation of the practice of its present day detractors.

A homœopathic physician is first a physician in all that the word means, and then in addition he is a student of the specialty of internal medication for curative purposes in curable conditions.

We point with justifiable pride to our homœopathic colleges because they offer the same opportunities for a complete medical education that is offered by any other colleges. They demand the same preparation; they teach the same scientific basis; they require the same length of study; they offer the same practical hospital work; they have a hospital position waiting for every graduate, and in addition, they teach homœopathic materia medica as applied to curing the sick. Therapeutic nihilism and medical agnosticism are no part of our training.

Medical colleges are measured by their equipment, their teachers and their output.

In proportion to our size our equipment ranks high.

We employ proportionately as many instructors; in training, in experience and in honesty of purpose they are the peers of any.

Our output is graded mainly by our friends, the enemy, and by their own standards, and while grades are not always what they should be, they average up well, and we aim to average them up still higher. In studying the reports as published by the different state boards I have found many encouraging items such as these:

Examination held in Massachusetts, May 12, 1914, 45 applicants were examined, of whom 21 failed. There was only one graduate of a homœopathic college in the list, and he received the highest mark, 80.2 per cent.

In October, 1913, before the Illinois Board, a homœopathic student received the second best mark.

In June, 1914, 17 applicants were examined by the Iowa Board, and a homœopathic graduate of a Chicago college received the highest grade.

In June, 1914, the Illinois Board examined a large class, and a homœopathic graduate received a general average of 94 per cent., the highest grade given in that examination.

In October, 1914, the District of Columbia Board gave a graduate of a Chicago homœopathic college a mark of 96 per cent., the highest mark earned before that board for four years.

We recognize the fact that these data are in no sense a criterion of a student's knowledge; that the methods of examinations as conducted by the state board examiners of to-day are an obsolete custom, and that modern opinion will soon relegate them to the waste educational basket, but so long as state boards continue to examine applicants for the practice of medicine, we propose to train our students, as a part of their education, to be able to pass examinations.

We hold examinations at short and frequent intervals, nor for the purpose of finding out how much they know but for the purpose of training them to pass examinations.

We hold that it is inconceivable that any board of men can in a few hours' examination on one or two days get any adequate knowledge of a physician's capacity for the practice of medicine; that the information which they will obtain will in no way compare with the knowledge of the corps of instructors who have worked and lived with the men hour after hour, day after day, for four years of their student life.

Particularly is this true where, as is so generally the case, the majority of the men constituting these boards could not themselves pass the examinations which they, as individuals, put up as criterions for the practice of medicine.

We desire especially at this time to impress upon you the fact that our homœopathic colleges are alive to the present situation; that we are utilizing the best of talent and effort in all of the science deparements; that we are utilizing hospital facilities to their full limit; that we are utilizing the material furnished by all out-patient dispensaries for the education of the medical student for the purpose of not only teaching him the practice of medicine, but also for giving him the opportunity to practice medicine. In addition, we are using, in so far as we can, and expect more and more perfectly to do so, the state, the national and the local societies for the furtherance of medical education.

As the care of the sick in a hospital is not the most important work which a hospital accomplishes, so the education of a few medical students by a medical college is not the most important work that a medical college can do today.

Of far greater importance is the education of the people from the medical standpoint, and to this greater end and aim we, as Homœopathists, propose to bend our concerted energies.

BOOK REVIEWS.

A Message of Health. By R. C. Markham, M. D., Marquette, Mich. Boericke & Tafel. Philadelphia. 1914.

This is a little book dedicated to the housewife and who would like to feed her family intelligently and economically. It consists of fifteen chapters, dealing with food, children, etc. It also shows that the Law of Similars is the guide in selecting food as well as medicine. It is an interesting little book of 125 pages.

TREATMENT OF VARICOSE VEINS OF THE LEGS WITH MODIFIED UNNA'S PASTE BOOTS.

Editor *Medical World:* This treatment is applicable to all forms of varicose veins of the lower extremities, but only the milder forms can be cured permanently by its use. In these mild cases the treatment seems to restore the caliber of the veins sufficiently to enable the valves to again take up their normal function.

In advanced cases the patient is greatly benefited so long as these boots are worn, but there is a recurrence of the trouble as soon as the patient stops using this device.

Following operations for the removal of varicose veins this treatment is also useful. It is usually well for patients to wear these boots for from six to twelve weeks after operation; from three to six months in mild cases of varicose veins, and indefinitely for very severe cases or until an operation is performed.

Preparation of the Paste.—Take 10 parts of distilled water and add 4 parts by weight of the best sheet gelatin; permit this to soak over night, then heat over a water-bath and stir constantly until the gelatin is thoroughly dissolved. Then add 10 parts of glycerine and stir while the mixture is still hot. Then add 4 parts of impalpable oxid of zinc powder and continue stirring. Apply this mixture while hot to the foot and leg with a large ordinary paint brush and take a two-inch gauze roller bandage and apply this over the mixture which has been painted over the extremity; then cover this bandage with more of the mixture and apply a second bandage, and then apply a third bandage, and a fourth, being careful always to cover these bandages thoroughly with this mixture, also being careful to apply these bandages very smoothly so that no wrinkles form, which would give rise to great discomfort. It is important not to apply the bandages too tightly. The last gauze bandage is applied without being covered with any of the paste, in order to keep the latter from soiling the bedclothes. Each dressing may be worn for a period of 6 or 8 weeks.

The war on the Continent need in no way embarrass homœopathic physicians who wish imported tinctures made from fresh plants. Boericke & Tafel always carry a large supply of these imported tinctures in storage, and over a year's supply is now on hand.

Diskettes and Blankettes are two new vehicles for the administration of homœopathic medicines announced by Messrs. Boericke & Tafel.

Diskettes are porous one grain cane sugar cane sugar and sugar of milk. Physicians will find these a welcome addition to their armamentarium.

Hydrastis.

I have knowledge of its value in apparently moribund conditions especially in gastric and duodenal ulcers and cholangitis.

I have knowledge of its efficacy as a wash in epithelioma of the roof of the mouth with the internal medication of iodide of lime and nitric acid to complete the cure, where the advanced condition of the malignancy was so pronounced as to preclude operative measures.

The preparation which I have found most beneficial has been the aqueous preparation, the dose from five to twenty minims in a half or one ounce of hot water every four hours. The muriate of hydrastine 2x in chronic cases has proved beneficial.

Dr. Humphrey, of Toledo, speaks very highly of the muriate of hydrastine 2x in chronic digestive disorder.—*H. F. Biggar, M. D., in The Hahnemannian Monthly.*

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SOME SIDE-LIGHTS ON THE MATERIA MEDICA.

THE greatest difficulty that confronts the consistent Homœopath when he approaches the art of therapeutic procedure is to avoid the tendency to permit diagnostic equations to obtrude themselves upon his investigations and deductions.

Popular clamor for learned pronouncements in diagnosis, both within and without the profession, is largely responsible for this confusion in the realm of drug selection, but whatever the cause or incentive it remains that no man can accurately determine the proper curative remedy for the individual case, when a pathognomonic splash obscures the landscape of individual symptomatology.

It is freely conceded, even by so-called diagnostic prescribers, that the average error in diagnosis easily exceeds fifty per cent., and that being true, it must follow that fully fifty per cent. of the prescriptions based upon such speculation and uncertainty can be no more accurate, scientific, curative. If, on the other hand, it be remembered that a scientifically produced materia medica is in no sense dependent upon diagnostic estimates for proper application, the chief deterrent of successful prescribing is quite entirely removed; for it cannot be denied that a Materia Medica based upon clinical findings, with a maze of clinical symptoms, cannot possibly be more than a medical hodge-podge, while that based solely upon physiologic certainty has foundation in fact and is entirely dependable. The Homœopathic School stands or falls in this peculiar premise, and deviations in practice from this ideal belies the very bedrock of our boasted faith.

Accurate diagnosis has its place, to be sure, but when it is placed as an essential to successful application of Materia Medica, this false interpretation but goes to prove a meager appreciation of the importance and independence of each of these elements.

The formal clinical record, the microscope, or the chemical laboratory may render valuable aid in diagnostic findings, but never yet has anyone, or all, of these agencies given out definite *curative findings* unless, perchance, the first of this trio shall contain peculiar individual symptoms suggestive of the proper medicament.

That Diagnosis is the hand-maid of surgery and other allies of medical practice, there cannot be any question, but in the selection of a remedy for the cure of a diseased condition diagnosis is no more necessary than would be an obstetric forceps in a gall-bladder operation.

It is true that since the advent of pop-gun administration of medicines,—which is based more on horse-serum than on horse-sense,—it is only required that a diagnostic target be set up for the convenience of the pop-gun artist; but when the ratio hits and misses has been determined, it is more apparent than ever that that is not the way surely, safely and permanently to eradicate disease.

No truth was ever created by experience; it is only proven thereby; hence, if our Materia Medica is based upon truth it is only dependent upon clinical experience for verification of the original fact, and if it be "added to, or taken from," by the promptings of diagnosis or pathology, its purity and efficacy are placed in serious jeopardy.

When it is affirmed that "a given drug will produce certain peculiar symptoms upon the healthy," that proposition needs only a practical test for final establisment, and in no wise do diagnosis or pathology enter into the reckoning; and when it is further asserted that "If similar symptoms are found in the sick, that drug will cure," neither diagnosis nor pathology has yet entered into the problem, for neither of the original propositions has dealt with other than symptomatology, no name of a disease or condition of pathology having been specified.

Nowhere in the deliberations or literature of the Homœopathic School can there be found the statement that a given drug will produce a cer-

tain *disease,* and that when a similar, or the same, *disease* is found in the sick that drug will cure. That absurd misrepresentation is to be credited to the ignorant and vulgar energy of our School, and when analyzed only redounds to the discredit of the dishonest, mediocre mind that formulated it.

Drugs do not, and cannot, cause diagnostically identifiable disease, and if they did, or could, then they certainly could not cure them; therefore, the proposition upon which Homœopathy is based remains both logical and acceptable.

Diagnosis is very frequently the medium through which the physician may gain the confidence of his patient, and if he do not allow this fine art to befuddle him, in the attempted selection of a curative remedy, it will stand him well in hand, but he and you and I should well remember that always that same patient expects prompt and substantial relief and that a profound diagnostic classification of his ailment is, after all, only secondary in his estimation. At the risk of violent digression, it may be said that—

Diagnosis and pathology, with their flagrant uncertainties, are now the brick-bats that members of composite state medical examining boards hurl with deadly precision at the heads of their professional peers, while Materia Medica and the important art of eliminating diseases have been relegated to the background, lest there be accusation of disloyalty to the Medical Trust, which mighty power has decreed that medicine shall be political, rather than practical.

Materia Medica, properly founded, is a law unto itself, entirely independent and masterful, while diagnosis and pathology, though interrelated, bear no kinship to Materia Medica.

Then, if Homœopathy, with its beneficent influences, is to endure, it must hold fast to Materia Medica Pura, for in this possession lies its strength, and its advantage, and to sacrifice or even compromise this instrument of precision can only result in a swift and certain loss to civilization of a tremendous power for good.

L. P. C.

IMPUDENT INTERFERENCE AND FALSIFICATION.

LAST year the Council on Medical Education of the American Institute of Homœopathy issued an Educational Report of the Colleges belonging to the homœopathic school in the United States, then eleven in number, and distributed the same to the various State Examining Boards and prominent officers of the various societies throughout the country. This report represented the actual status of our colleges obtained from personal inspection and official reports of responsible persons connected with our schools. It was officially a correct report and the various State Boards, except the few avowedly under the influence of the American Medical Association, welcomed it and adopted it as far as possible as the official bulletin of the homœopathic school.

Notwithstanding the fact that our school of medicine is in no way connected with the American Medical Association, that association through its Council on Medical Education has made a "report" in the educational number of its Journal upon Homœopathic colleges.

As an example of mendacity, misrepresentation, falsification and impertinence, this "report" may be well rated in Class A plus.

The number of colleges in the homœopathic school of medicine is now ten. Not a single one of these has been correctly reported in the above "report." The following statements will show and prove conclusively that the above accusation of impertinence, falsification, misrepresentation and mendacity is well founded:—

Boston University School of Medicine. The number in the Sophomore and Freshmen Classes was wilfully misstated and, of course, discounted to a considerable extent and the total number of students impertinently falsified.

New York Homœopathic Medical College and Flower Hospital. The number of students in none of the classes was correctly stated, the Freshmen number was discounted some 25 per cent. and the total number of students in the college was falsified in a mendacious manner.

Hahnemann Medical College and Hospital of Philadelphia. The total number of students attending was wilfully misstated, of course, to the end of showing that homœopathic students were diminishing in numbers.

Homœopathic Medical College University of Michigan. The number of students in the Senior and Junior Classes was misstated, the total number in the college was understated by seven, and the number graduating at the last commencement was also falsified.

Hahnemann Medical College and Hospital,

Chicago. The total number of students in the institution was incorrectly given.

Homœopathic Medical College of Iowa University. The total number of students in attendance was wrongly given, the usual discount of some 20 per cent. prevailing.

Kansas City Hahnemann Medical College. The number of students in the Junior and Freshman Classes was incorrectly stated and the total number of students in the college was falsified.

Hahnemann College of San Francisco. The number of students in the Senior, Junior, Sophomore and Freshmen Classes were all misstated and falsified.

Cleveland-Pulte Medical College, of Cleveland, Ohio. The total number of students in the institution was misstated and falsified. Errors were made in the Sophomore and especially Freshmen Classes with the evident intention to show that students were not going to homœopathic colleges.

New York Medical College and Hospital for Women. Here appeared also gross errors. The length of the terms was erroneously given, of course, understood, in the evident endeavor to show that homœopathic colleges are running upon short time. The number of teachers was also wrongly given.

Further garbling of the figures of homœopathic colleges is in evidence throughout the "report." Misstatements as to numbers on the teaching staff are common. The list of students having college degrees bears the evidence of malicious falsification. The topic of fees charged is also falsified; in one instance the fees are given as $100.00 when $50.00 was the correct amount. This is strongly suspicious of the employment of gutter methods to turn students from our schools.

In resumé, the report stated that there were 154 graduates from homœopathic schools in 1914, 55 less than in 1913, and 31 less than in 1912. This, according to the A. M. A. figures, means that in 1913 there were 209 graduates and 185 in 1912.

As a matter of fact and record, there is a misstatement by the A. M. A. Council in its list of homœopathic graduates for the three years. The numbers 154 for 1914, 209 for 1913, and 185 for 1912 are *all* falsifications.

Our colleges do not report to the Council of the American Medical Association and the impudent assumption that it has any jurisdiction whatever over them is entirely unwarranted.

It has no right to classify a college of the homœopathic school in Class C, Class A plus, or in any other class. Our colleges are not to be measured by an allopathic yard stick. If the Council of the A. M. A. desires to grade its own institutions by the amount of floor space each laboratory occupies, as it has done, it is not up to the homœopathic school to complain, but we should resent the impudence and arrogance of this association when it seeks to intrude its official nose, already long, into the affairs of the homœopathic school. If our colleges choose to admit students from the grammar school or from the plow tail it is no affair of the American Medical Association.

Finally, here is a convincing example of the bias and irresponsibility of this association in its gradings. Of the colleges of the Iowa State University, the allopathic is graded as A plus, while the homœopathic is placed in the A Class. There is absolutely no difference in the two schools save that one teaches allopathy and the other homœopathy.

It is further a somewhat significant fact that no matter how low a homœopathic college is graded by the officious Council of the A. M. A., its graduates are importuned to become members of that association before the ink is dry on their alleged worthless diplomas, providing they will sign a revocation of homœopathic practice.

NEWS ITEMS.

MICHIGAN.

The new plant for the University Homœopathic College, at Ann Arbor, comprises eight buildings: The main hospital building, the college administration building, two nurses' homes, a clinical laboratory building and two shacks for tuberculosis patients, and a building exclusively for maternity cases. The new class is an excellent one.

MISSISSIPPI.

Vicksburg, Jackson and Natchez are excellent openings for homœopathic physicians, Dr. Hardenstein died recently in Vicksburg, Dr. French in Natchez and the only one left in Jackson is now 87 years of age. These fields are fine ones with a sentiment for homœopathy already established. This element does not want anything but Homœopathy.

OHIO.

The new college on the Ohio State University campus is in excellent shape, the University Hospital, also on the campus, accommodates some thirty patients and the patients are already there. No institution ever started out with brighter prospects.

PENNSYLVANIA.

The Homœopathic Medical Society of Pennsylvania held its fifty-first annual meeting in Galen Hall, Wernersville, Pa., on September 24th, 25th and 26th.

The Mayor of Reading extended a hearty welcome to the delegates, to which Dr. D. C. Kline responded, after which Dr. L. T. Ashcraft, president of the State Society, delivered the annual address.

On the first day of the meeting Dr. J. J. Tuller, chairman of the Legislative Committee, and Dr. B. F. Books, chairman of the Homœopathic Committee, gave interesting reports of many important matters under consideration. Dr. Emma T. Schreiner, chairman of the Committee on "The Fight Against the Social Evil," gave a very favorable report. The Bureau of Sanitary Science held a meeting, at which time they discussed the problem of "The Mentally Defective." Among those taking part in the discussion were Dr. Wm. Hunsicker, of Philadelphia; Dr. B. F. Boyer, Chief Medical Inspector of Pennsylvania; Dr. E. K. Sprague, surgeon at the Federal Immigration Station, Ellis Island, N. Y.; Dr. Wm. F. Snow, secretary of the American Social Hygiene Association, and several other noted Homœopaths. Other meetings were held by the Bureau of Homœopathic Institutes and Clinical Medicine, at which Dr. Ralph Bernstein, of Philadelphia, spoke most interestingly. The night sessions were devoted to discussions on the "Ear, Nose and Throat."

The discussion of "Infant Troubles" was taken up on Friday under the direction of Dr. Wm. F. Doyle, while many interesting papers were read by Dr. O. S. Raue, of Philadelphia, and Dr. F. M. Howell, of Reading. The afternoon session was devoted to "Materia Medica," when Dr. G. Harlan Wells, Dr. August Korndoerfer and Dr. O. S. Haines, all well known physicians, of Philadelphia, contributed very interesting papers.

The discussion on "Surgery and Pathology" concluded the scientific program and was participated in by Drs. H. L. Northrop, J. D. Elliott, D. Roman, Walter Barker, H. Hyzer, G. A. Hopp, C. M. Harvey, J. E. James, Jr., C. A. Bigler, H. M. Sylvis, B. F. Hill, J. M. Kenworthy, J. G. Wurtz and S. W. Sappington, all of Philadelphia.

The election of officers for the ensuing year took place on Saturday morning, which resulted in the following: President, Dr. B. F. Books, Altoona, Pa.; First Vice-President, Dr. R. S. Piper, Tyrone, Pa.; Second Vice-President, Dr. J. E. Melville, Philadelphia, Pa.; Secretary, Dr. I. D. Metzgar, Pittsburgh, Pa.; Treasurer, Dr. Ella D. Goff, Pittsburgh, Pa.; Necrologist, Dr. W. F. Baker, Philadelphia, Pa.; Censor, Dr. Malachi Sloan, Philadelphia, Pa.; State Society Editor of "Hahnemannian Monthly," Dr. G. J. Palen, Philadelphia, Pa.; Trustees, Dr. L. T. Ashcraft, Philadelphia, Pa.; Dr. A. W. Stewart, Pittsburgh, Pa., and Dr. Ralph Bernstein, Philadelphia, Pa.

Dr. W. W. Speakman, chairman of the Committee on Arrangements and Entertainment, assisted by his associates, Drs. Harry Schantz, Wm. Sylvis, G. J. Palen, Wm. Hunsicker, Frederick Howell, Wm. Hillegas, Julia C. Weylan and Ralph Bernstein, had a very elaborate program planned for the entertainment of the guests, and to whom great credit is due. The ladies, who were in charge of Dr. Julia C. Weylan, were royally entertained, automobiling being the morning diversion and the afternoons were pleasantly spent at bridge.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, on Thursday evening, October 8th, 1914, at 8:30 P. M. The scientific program consisted of the following:

"Pathological Lesions of the Alimentary Tract and Associated Organs, as Shown by Roentgen Rays, with Lantern Demonstration," Dr. J. W. Frank.

Dr. F. W. Faltemayer, 3015 N. 9th street, was favorably reported for membership. The meeting was followed by a social hour and was thoroughly enjoyed by all present.

WM. M. SYLVIS, M. D., *Secretary.*

OBITUARY.

Dr. Lemuel C. Grosvenor.

Formerly of Chicago, Illinois, died at Taunton, Mass., on July 15th. Dr. Grosvenor was formerly professor of obstetrics in the Chicago Hahnemann Medical College. His age was 82. Cleveland Homœopathic College, 1864.

Dr. Mary C. Farnham.

Denver, Col., May 2, æt. 71. Hahnemann Medical College, Chicago, 1881.

Dr. Arthur F. Eife.

New York, July 7, æt. 52. New York Homœopathic Medical College, 1881.

Dr. George S. Morgan.

New London, Conn., July 5, æt. 59 years. New York Homœopathic College, 1879.

Dr. H. F. Williams.

Philadelphia, Pa., July 26, æt. 42 years. Hahnemann Medical College of Philadelphia, 1898.

Dr. Oscar R. Long.

Ionia, Mich., superintendent of the Michigan State Hospital for Criminal Insane, died September 9, æt. 64. Detroit Homœopathic Hospital, 1872. Dr. Long was also lecturer on Mental Diseases in the Homœopathic College of the University of Michigan.

Dr. Almena F. J. Baker.

Boston, Mass. Boston University School of Medicine, 1876.